

NC DHHS SEPARATION OR TRANSFER EQUIPMENT AND SERVICES CHECKLIST

INSTRUCTIONS FOR SUPERVISOR: Initiate this form normally one week before an employee's separation from a division/ facility/school in NC DHHS. Advise the separating employee of this clearance process. Complete this form and determine what **other clearances** are appropriate for the separating employee if not specifically identified on the form and add those requirements in the space marked "other." This form is to be reviewed with and signed by the employee and the employee's supervisor prior to separation or transfer. Indicate clearance of the chargeable items by initialing the appropriate line. In the space provided, also state the reasons for an item not being returned. Sign your name where indicated using your full signature and the appropriate date.

INSTRUCTIONS FOR EMPLOYEE: The following checklist is to assist all division/ facility/school employees with the exit process. Departing employees have an obligation to return all agency property issued to them and to settle all outstanding accounts. Your supervisor or administrator should meet with you and make arrangements with you to secure the return of the following items, if such items were assigned to you. The items that must be returned are listed below, and it is your duty to ensure that the items are returned to the division/ facility/school's possession. This form must be completed prior to your separation. You may be charged for items not returned.

Effective Separation Date: _____

Employee Name: _____

Employee Job Title: _____ Position Number: _____

Employee Division/Facility/School: _____

Employee Section/Unit: _____

Supervisor: _____ Supervisor Phone Number: _____

Employment Setting: ☐ On-site ☐ Off-site ☐ Home-based

Please indicate if these items are not applicable by marking the column with NA.

Returned Agency Equipment (Items)	Assigned to Employee Please check one		Returned to Supervisor Please check one		Reason for not securing the return of assigned items
	Yes	No	Yes	No	
Keys (i.e. Doors, building, desk, files, cards, vehicles, etc.)					
Security Identification Badges and/or Picture ID					
State Issued Credit Card(s)					
State Issued Phone(s)					
Mobile Telephone Mobile #: <input type="checkbox"/> Work Unit will retain issued number.					
Telecommunications Pager Pager#: <input type="checkbox"/> Work Unit will retain issued number.					
Fax Machine					
TDD Machine					
Desktop Computer					
Laptop Computer					
Electronic Files, CD-RW, Floppy Disk, et. al.					
Portable Dictaphones, Tapes, Disks					
Library Books / Reference Materials					
Classified/Sensitive Records (i.e. Patient Records, Dispute Forms, etc.)					
Procurement Cards (P-Card)					
Manuals (i.e. Agency, Federal/State, Admin, Operational, etc.)					
Parking Permit/Pass					
Travel Expense Receipts					
Travel Advances Amount: \$					
Uniforms					
Other:					
Other:					



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INSTRUCTIONS FOR SUPERVISOR: Notify proper Information Technology Staff of employee's separation to ensure that access to all division/ facility/school technical accounts are removed and electronic data is deleted or forwarded as indicated below. If not applicable, please indicate by marking the column with NA.

Applicable		Completion Date	DELETED AGENCY SERVICES		
Yes	No				
			Network Access (Check Appropriate Box) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> RACF ID</div> <div style="width: 33%;"><input type="checkbox"/> PQ01</div> <div style="width: 33%;"><input type="checkbox"/> BRS</div> <div style="width: 33%;"><input type="checkbox"/> NCAS</div> <div style="width: 33%;"><input type="checkbox"/> ACTS</div> <div style="width: 33%;"><input type="checkbox"/> WIRM</div> <div style="width: 33%;"><input type="checkbox"/> PMIS</div> <div style="width: 33%;"><input type="checkbox"/> FSIS</div> <div style="width: 33%;"><input type="checkbox"/> _____</div> <div style="width: 33%;"><input type="checkbox"/> IAMS</div> <div style="width: 33%;"><input type="checkbox"/> EBTP</div> <div style="width: 33%;"><input type="checkbox"/> _____</div> <div style="width: 33%;"><input type="checkbox"/> ENERGY SPAY</div> <div style="width: 33%;"><input type="checkbox"/> IMS</div> <div style="width: 33%;"><input type="checkbox"/> _____</div> </div>		
			Internet Services		
			Global Address Directory		
			Email		
			<input type="checkbox"/> Deleted	<input type="checkbox"/> Forwarded	To: _____
			Record Retention – Electronic Files		
			<input type="checkbox"/> Deleted	<input type="checkbox"/> Forwarded	To: _____
			Telephone & Voice Mail Greetings		
			Business Line Access (i.e. Employee Home) - Business Line#:		
			Remote FTP Access (File Transfer Protocol)		
			Remote Access		
			Other:		
			Other:		

EMPLOYEE CERTIFICATION:

☐ I certify that I have returned all agency property as indicated above.

Employee's Signature: _____ **Date:** _____

SUPERVISOR CLEARANCE:

☐ I have received all agency property indicated above.

☐ I have notified proper Information Technology Staff for removal of access to technical and electronic accounts.

Supervisor's Signature: _____ **Date:** _____

Retain this form in the employee personnel file.

Distribution:

- Employee (Copy)
- Supervisor (Copy)
- Human Resources (Original)